

# ***Missouri State Board of Registration for the Healing Arts Palliative Care Guidelines***

During recent meetings, the Missouri Board of Healing Arts has held several discussions regarding the treatment of terminally ill patients and their concern that physicians who are treating these patients are not knowledgeable about palliative care. It is the Board's position that physicians who care for terminally ill patients should be knowledgeable about palliative care. The Board's definition of palliative care includes, fully assessing and evaluating the patient's needs; understanding the patient's goals and values; helping with advance care planning and honestly discussing treatment options; aggressively managing pain and other symptoms; using the team approach; and documenting the case. If you are treating terminally ill patients, you are encouraged to follow the following guidelines:

## **A) Evaluating the Patient:**

A patient with life limiting chronic illness should be given the option of palliative care. Physicians should use prognostic guidelines to identify patients who are entering the terminal period of their lives. Assessment should include the patient's disease state, prognosis, physical symptoms, and psychosocial and spiritual concerns. Coexisting disease and the impact of symptoms on functioning should be documented. The needs of the family, or other caregivers, for information and support should be assessed.

## **B) Understanding the Patient's Goals and Values:**

Discussions between the patient and physician about advanced directives and goals and values of the patient are central to palliative care and should be conducted as early as possible in the clinical course to maximize patient input to decision-making. It is advisable to have the patient name which person, or persons should serve as substitute decision-maker if the patient is no longer able to participate in decision-making. The patient's preferences should be documented in an advance directive. The substitute decision-maker should follow the patient's expressed wishes.

## **C) Discussing Treatment Options:**

The burdens and benefits of shifting from curative treatment to palliative care need to be carefully explained by the physician to the decisional patient or substitute decision-maker to obtain informed consent for the care plan. This plan should be based on the goals of the decisional patient or those expressed in the patient's advance directive. The consensus of the family should also be sought. Decisions about resuscitation and withholding and withdrawing treatment should be consistent with these goals.

## **D) Aggressive Management of Pain and Symptoms:**

It is the ethical responsibility of the physician to provide pain and symptom management that promotes the best quality of life for the patient. Physical symptoms may not be controlled by standard treatment when the patient has unrelieved emotional or spiritual suffering. Multidisciplinary assessment and treatment should be used to define and address the many dimensions of suffering. Refer to the Missouri Intractable Pain Treatment Act for guidelines in pain management. (Missouri Statutes 334.105, 334.106, 334.107)

## **E) Team Approach:**

The multiple types of suffering experienced by patients and families may best be managed by a team approach: an effective multidisciplinary team of professionals as indicated by the patient's needs with interest and expertise in palliative care. Examples of such teams are a hospice program, an informal group of skilled professionals, or a palliative care consultation team.

## **F) Documentation:**

Good documentation protects patient preferences. All discussions and treatment decisions should be documented by the physician in the medical record. Such documentation should be accessible for guiding subsequent decisions. To evaluate effectiveness of treatment, documentation of pain assessment and treatment response should use a standard pain scale when possible.

*These guidelines were adopted by the Board of Healing Arts during their January, 2001 meeting.*